

# 20W126: Correlation of Radiological, Endoscopic (ERCP) and Histological findings of biliary strictures in a tertiary referral hospital

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## Background

Biliary strictures (BS) frequently present a diagnostic challenge, which requires a multidisciplinary approach.

ERCP is a complex procedure that in Ireland is typically performed under conscious sedation.

ERCP can also be performed under general anesthesia (GA), which is often standard practice in other countries.

Cross-sectional abdominal imaging can localize pathology and provide roadmap to plan therapeutic ERCP.

MRCP provides non-invasive, detailed images of the biliary tree, along with the location, length & character of biliary strictures prior to ERCP.

Histological assessment is required to exclude malignancy.

## Aims

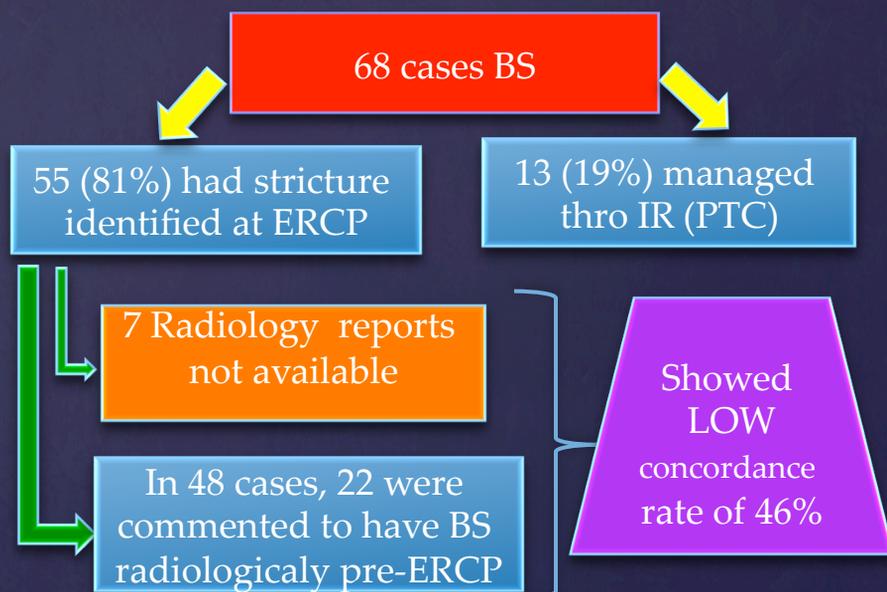
To assess concordance of radiologically diagnosed BS with endoscopic ERCP findings. Secondary aim is to assess yield of endoscopic histological brushings & BS management.

## Methods

Data were obtained from radiology and histopathology departments as well as from Endoscopy Reporting System (ENDORAAD). ERCP procedures performed from January 2018 to March 2020 were retrospectively assessed.

## Results

- 68 cases of BS with biliary brushings recorded
- Mean age was 71 years (33 - 95) with 42 (62%) males
- 35 (51%) cases were patients of Beaumont Hospital with others from peripheral referring hospitals
- Median sedation dose for ERCP was midazolam 4mg, fentanyl 75mcg & pethidine 50mg



## Conclusion

- Biliary strictures remain a diagnostic conundrum and the stakes in achieving early and accurate diagnosis are high, due to failure risk to diagnose malignancy
- Multidisciplinary MDT approach remains key factor as inter-observer variation can be minimized and will lead to best management outcome.